

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 540321
(APPLICANT)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
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45								95					
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47								97					
48								98					
49								99					
50								100					
TOTAL 10 B	10							TOTAL 100					
TOTAL DEP.		↓		↓		↓		TOTAL DEP.	↓		↓		↓
TOTAL CLAIMS	13							TOTAL CLAIMS					
		←		←		←			←		←		←

BEST AVAILABLE COPY